

Vinton Parks & Recreation Department

# FLOOR HOCKEY

Dates: Jan 7, 21, 28, Feb 7\*, 21\*, March 10

Times: 1<sup>st</sup> & 2<sup>nd</sup> 1:00 - 1:45 pm

3<sup>rd</sup> - 6<sup>th</sup> 2:00 - 2:45 pm

Location: Skate & Activity Center

Cost: \$20

\* Tuesday, Feb 7 & 21 practice:

1<sup>st</sup> & 2<sup>nd</sup> 5:00 - 5:45 pm

3<sup>rd</sup> - 6<sup>th</sup> 6:00 - 6:45 pm

Hockey sticks & vest provided.

Wear comfortable clothing.

Tennis shoes must be clean & not worn outside.

This is not a rollerblading or skate league.

Rough Riders visit is TBA.

Vinton Night @ The Rough Riders - March 10 @ 7 pm, cost is \$9/ticket. Tickets are available at the Vinton Recreation Center.

If inclement weather, call the VPRD office at 472-4164 ext. 6 for possible cancellation.



DUE DATE: WEDNESDAY, JANUARY 4 (NO t-shirt guaranteed after due date)

Please mail or bring registration form to the Vinton Recreation Center at 701 E A Street.

Program available only for V/S School District. Questions please call 472-4164.

## FLOOR HOCKEY 2012

Participant's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ M/F \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

1. I/we recognize that as participants or observers I/we shall bear the full responsibility of any loss or theft of personal items while engaging, participating, or observing in these activities. 2. I/we release any photographs, videos, or both taken during the activity to be used by the City of Vinton for advertisements, training, or other purposes. 3. In the event of injury or illness, I hereby give my consent for medical treatment and permission to program staff for supervising and performing, as deemed necessary by staff, on-site first aid for minor injuries, and for a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary medical or surgical procedures) for me or my participant or observing spouse, if I am unable to provide that consent directly at the time, for any reason. I agree to assume all costs related to any such medical or surgical treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of this claim.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

T-Shirt Size (circle one):

Y-6/8 Y-10/12 Y-14/16 Adult-S Adult-M Adult-L

Make checks payable to Vinton Recreation Center

Mail Completed Form & Check to:

Vinton Parks & Recreation Department, 701 East A Street, Vinton, 52349

\*Additional forms available at vprdzone.com

|              |                               |
|--------------|-------------------------------|
| Office Only: | Fee: \$20.00                  |
|              | \$3 Late fee after 1/4: _____ |
|              | Total Due: _____              |
|              | Date Paid: _____              |
|              | VPRD Initials: _____          |